Washington State Functional Family Therapy Project
Quality Assurance and Quality Improvement System
Approved by CJAA Committee July 25th 2014

Introduction

The Washington State Functional Family Therapy project is dedicated to maintaining a high degree of model fidelity to the Functional Family Therapy (FFT) model. Evidence-based and research based intervention programs depend on high model fidelity for successful outcomes (WSIPP January 2004).

The Washington State FFT project has demonstrated impacts to reducing recidivism and maintaining a cost benefit to the State, but only when delivered with adherence to the model. Thus quality assurance is a central factor for program success (WSIPP: Washington State Juvenile Court Funding: Applying Research in a Public Policy Setting, December 2010).

In Functional Family Therapy, model fidelity is based on adherent delivery and competent performance. **Dissemination Adherence** refers to the degree to which the therapist applies the model as intended (i.e. entering session progress notes and quality of documentation, entering contact notes, and entering assessments into FFT-CSS, delivery of session with appropriate frequency, and collateral communication with referring sources and other service providers). **Fidelity** refers to the quantity of appropriate model techniques used in sessions for each phase and the quality with which the techniques or model is implemented. Quality may be reflected in the sophistication, creativity, flexibility, and depth of skills with which the therapist applies the model.

Ensuring model fidelity requires a systematic approach to both quality assurance and quality improvement. **Quality assurance** involves the ongoing and accurate monitoring and tracking of reliable measures of model implementation. **Quality improvement** involves the implementation of particular activities to improve the delivery of FFT.

Principles of Quality Assurance and Quality Improvement

The Washington State FFT quality assurance and improvement system is based on the following principles:

The primary goal of this system of quality assurance is monitoring and tracking of the delivery of FFT. As such, quality assurance information is intended for:

- Use primarily by FFT clinical consultants who are most capable of determining systematic improvement plans. The FFT clinical consultant must adhere to model fidelity and exhibit clinical competence. (see FFT clinical consultant QA standards)
- Therapists, who should be provided with accurate and timely feedback directly from the FFT clinical consultant. Therapists who perform below the national standards of model fidelity should be presented with a systematic plan for improvement.
- Therapists, where, after all attempts at improvement, continue to demonstrate model fidelity outcomes below the minimal national standard should not practice the FFT model.
- Employment status decisions only after all possible improvement strategies have been attempted.

Quality Assurance information is NOT intended as a tool for routine program administration. While Juvenile Court, Juvenile Justice & Rehabilitation, or Children's Regional Administrators need aggregate and summarized information that informs overall program implementation, specific clinical data is most useful as a tool for clinical supervision.

Quality Assurance is based on monitoring and tracking model fidelity using:

- Reliable and valid measures;
- Multiple domains (dissemination adherence and fidelity as outlined in the FFT supervision manual);
- Multiple measures (specific case level ratings, global therapist rating) gathered from different and relevant perspectives (FFT clinical consultant and client); and
- Incremental measurement, that is, more specific measures of fidelity are undertaken when global ratings suggest that more specific and time intensive measures are necessary (i.e. reviewing audio tapes).

Quality Improvement is based upon:

- Ongoing, specific, and timely feedback using accurate measures of model fidelity (adherence and competence);
- Specific methods, such as teaching oriented (i.e. discussing a principle or issue of the clinical protocol) or discovery oriented, taking the form of guided discussions (led by the supervisor); and
- Systematic and individualized plans for therapist improvement.

Training and Certification of Therapists

All training is provided via contract with FFT LLC. New therapists are required to attend the initial two and a half day (2.5) day training. Once training is complete, assuming all other hiring/contracting requirements have been met, therapists may begin serving families. During the course of the first year, therapists must also attend three (3) two day follow up trainings. Therapists will be "certified" when they have met all the training requirements of the first year AND have obtained adherence and fidelity scores that meet the minimum statewide standards. Once certified, therapists must attend an annual booster training and maintain minimum adherence and fidelity standards as outlined by FFT LLC.

New Therapists (In first year of training)

Training/Activity	QA Element	QA Activity
Initial 2.5 day training	Trainer Observation	Feedback reported to FFT clinical consultant and to site
Attend Weekly Consultation (4 hours per month)	Staff cases for fidelity and get support, ideas, and problem solve	FFT clinical consultant completes weekly Supervision checklist in FFT-CSS and provides feedback
Begin serving FFT cases	Enter contacts, assessments, progress notes in FFT-CSS	FFT-CSS monitored by FFT clinical consultant weekly
Attend three (3) two day follow up trainings (16 hours each)	Trainer Observation	Feedback reported to Consultant and to site
Global Therapist Ratings	GTR form completed in FFT-CSS and reviewed with therapist Goal: Meet minimum adherence and fidelity requirements by end of year	FFT clinical consultant feedback reported to site by FFT QA Administrator Outcome: receive certification as FFT therapist

Certified Therapists (practicing more than one year)

Training/Activity	QA Element	QA Activity
Attend Weekly Consultation (4 hours per month)	Staff cases for fidelity and get support, ideas, and problem solve	FFT clinical consultant completes weekly Supervision checklist in FFT-CSS and provides feedback in consultation
Maintain minimum FFT caseload	Enter contacts, assessments, progress notes in FFT-CSS	FFT-CSS monitored by FFT clinical consultant weekly
Attend Annual Booster training (8 hours)	Trainer Observation	Feedback reported to FFT clinical consultant and to site
Global Therapist Ratings	GTR form completed in FFT-FFT-CSS and reviewed with therapist Goal: Maintain minimum adherence and fidelity requirements	FFT clinical consultant feedback reported to site by FFT QA Administrator Outcome: Maintain certification as FFT therapist

Quality Assurance and Improvement Process

The quality assurance and improvement system is ongoing. The primary goals for new and experienced therapists are to identify problems of model adherence and provide assistance so the therapist can improve their practice. The goal with a newly trained FFT therapist is to identify concerns with model fidelity early so additional training and supervision can be provided. The goal for an experienced therapist is to prevent model drift.

Quality Assurance Activities

The Functional Family Therapy Quality Assurance and Quality Improvement system is made possible through a comprehensive consultation and training program. Therapists are assigned to a "working group" overseen by a certified FFT Consultant, with three to six therapists in each group. FFT Therapists participate in a weekly one-hour consultation call where they will staff cases for two purposes: first for support and second for monitoring of adherence and fidelity.

FFT has developed a comprehensive electronic data storage system that is central to successful implementation of FFT. The Web-based computer monitoring and tracking application (Clinical Services System, FFT-CSS) is the mechanism to gather, manage and feedback multiple fidelity ratings while also providing real time information to therapists and clinical consultants. No single measure adequately portrays therapist adherence to FFT.

In the FFT system, **six measures of quality assurance** are used to monitor and track model fidelity.

1. **FFT Progress Notes and Contact Notes:** (Therapist Report)
   At each treatment encounter therapists report on interventions used in sessions to accomplish phase goals and the progress they believed was made in accomplishing them..
   Goals:
   - To obtain the therapist perspective of the process of FFT at the level of intervention.
   - To provide information to the clinical consultant regarding the therapist clinical decision making processes.
   - To provide for specific areas of concern to be targeted by the clinical consultant in weekly consultation.

   Process:
   - Therapists complete the progress notes following each session and enter the progress note in the FFT-CSS.
   - FFT Clinical consultants review the therapist's progress notes during weekly consultation and determine areas to provide focused help and assistance.

2. **Family Self Report (FSR) and Therapist Self Report (TSR):** (Family Report and Therapist Report)

   The Family Self Report (FSR) is a seven item instrument measuring the client/family experiences in FFT. All family members complete the FSR after the first and the second session of every phase (Engagement and Motivation, Behavior Change, and Generalization).
   Goal: To obtain the family perspective on their experience in therapy.

Process:

- Families complete the FSR at the above stated intervals.
- FSR's are entered into the FFT-CSS by the FFT therapist. FSR's are available for therapist review and self-monitoring.
- Ratings are maintained in the FFT-CSS for use in consultation.

The Therapist Self Report (TSR) is a six item instrument measuring the therapist experience of alliance with family members. Therapist will complete the TSR after the first and second session of every phase (Engagement and Motivation, Behavior Change, and Generalization).
Goal: To obtain the therapist perspective on their experience of alliance with the family.

Process:

- Therapists complete the TSR at the above stated intervals
- TSR's are entered into FFT-CSS by the FFT therapist.
- Ratings are maintained in the FFT-CSS for use in consultation**.**

3. **FFT Staffing and Consultation** (FFT clinical consultant report).

At weekly consultation, FFT clinical consultants rate each FFT therapist on levels of Dissemination Adherence (application of the necessary technical elements that occur outside of the therapy sessions i.e., progress note and assessment completion) and Fidelity (clinical adherence and competence i.e., the use of model interventions as appropriate by phase and implemented in ways that are unique to family).

These ratings represent the FFT therapist's dissemination adherence and fidelity in the case discussed during weekly consultation. Global Dissemination and Fidelity can be determined from ratings of each construct over time (across cases). This rating is obtained through case staffing and also through listening to audio taped portions of sessions presented during case consultation.
Goals:

- To identify specific issues of therapist dissemination adherence and fidelity.
- Identify specific issues of group dissemination adherence and fidelity.
- Provide focused consultation to the working group.

Process:

- Ratings are maintained in the FFT-CSS for use in consultation.
- Issues of dissemination adherence and fidelity are addressed in weekly consultation.
- Weekly dissemination adherence and fidelity ratings are entered into the FFT-CSS by the FFT clinical consultant.
- The FFT-CSS produces a report of these ratings over time for use by the FFT clinical consultant.

4. **Global Therapist Rating** (FFT clinical consultant report)
The Global Therapist rating (FFT-GTR) is a 35-item instrument completed by the FFT clinical consultant a minimum of three times each year. The global rating includes assessments of model principles, specific phase based practice, and service delivery profile.

Goals:

- To identify therapist dissemination adherence and fidelity in FFT.
- Provide specific information to therapist and site regarding performance.
- Identification of therapists in need of additional training.

Process:

- Global Therapist Rating completed by the FFT clinical consultant.
- Global Therapist Ratings are entered into the FFT-CSS by the FFT clinical consultant. The FFT-CSS generates a report of these ratings.
- FFT clinical consultant provides verbal feedback to therapist.
- Global Therapist Ratings are reported to FFT Quality Assurance Administrator for dissemination to Juvenile Court and JR or Children's Regional Administrators.

5. **FFT Outcome Measures** (Family Report and Therapist Report)
Therapist Outcome Measure-TOM,
Client Outcome Measure – Parent – COM-P,
Client Outcome Measure-Adolescent– COM-A

Client outcome measures are a self-report instrument to be completed at the end of FFT.
Goals:

- Obtain feedback about the experience during FFT from multiple perspectives including:
    - Therapist
    - Youth
    - Parent
- Draw comparisons from multiple perspectives
- Collect aggregate data for therapists, agencies, and statewide

Process:

- Outcomes are completed at the end of FFT intervention.
- Outcomes are entered in FFT-CSS.
- Outcomes are available for therapists for their review and self-monitoring.

6. **Environmental Assessment Report** (FFT QA Administrator Report)
The Environmental Assessment Report is an evaluation of the work environment that supports the therapist's adherence and competence to the FFT model.

The Environmental Feedback Report is completed annually by the FFT Quality Assurance Administrator and sent to each site in the Washington State Project.
Goals:

- To identify program environment barriers to successful FFT implementation.
- To identify assessment and referral processes that either support or negatively impact successful FFT implementation.

- To provide specific and written feedback to the program in order to enhance the delivery of FFT services.

Process:

- Environmental feedback report is drafted by the FFT Quality Assurance Administrator and sent to the Juvenile Court, JR or Children's Regional Administrator for review, discussion and identification of specific training and consultation needs.
- Action plan developed (if necessary).

Quality Improvement System

The FFT Quality Improvement System is based on the principle that therapists should receive specific and timely information regarding their performance. Successful quality improvement is based on concrete feedback that targets continued growth and development. Feedback comes from the FFT clinical consultant first, followed by the Washington State FFT Quality Assurance Administrator. The ultimate goal is for the therapist to be successful in delivering adherent FFT services to youth and families.

As indicated in Item Four (4) of the Quality Assurance process, therapist performance is reported every 90-120 days and written feedback is provided to the therapist using the FFT Global Therapist Rating (GTR). The GTR ensures that ongoing feedback is provided to therapists to highlight strengths as well as identify areas where improvement may be necessary. After each GTR, the Washington State FFT Quality Assurance Administrator sends a summary of the report to each site.

Therapists in their first year of training and practice are working to obtain minimum requirements for adherence and fidelity. The goal is for them to learn and grown in their practice. Their FFT clinical consultant will give them feedback on strengths including areas to focus.

If a therapist's performance falls below the national standard after one year of practice, the following steps will occur.

Individual Consultation with Therapist

The FFT clinical consultant will discuss concerns about FFT adherence including but not limited to:

- a series of weekly supervision ratings below the standard for dissemination adherence and/or fidelity;
- problems with documentation or content of progress or contact notes;
- inconsistent use of FFT-CSS and service delivery profile below the national standard (examples include: less than five active families for an extended period of time, less than an average of three sessions per family per month for an extended period of time, cases open longer than four months consistently).

The FFT clinical consultant will document the above individual consultation in the learning and growth plan of the Global Therapist Rating Form and inform the Washington State FFT Quality Assurance Administrator who sends a summary of the report to each site.

Informal Improvement Plan

If therapist adherence does not result in desired progress, and/or if the GTR score for dissemination adherence falls below four (4) after one year of practice, therapists are placed on an informal improvement plan.

- Informal Improvement Plans (IIP) will be outlined in the learning and growth section of the GTR and include timeframes for adherence (i.e., goals set to be reviewed at 30, 60 and 90 days). IIP's are developed by the FFT clinical consultant in collaboration with the therapist as well as input from the FFT National Consultant and Washington State FFT Quality Assurance Administrator.
- The State FFT Quality Assurance Administrator will consult with the Juvenile Court, JR or Children's Regional Administrator, to inform them of the identified concerns and Informal Improvement Plan development. The Informal Improvement Plan may include additional adherence monitoring, individual supervision, or additional training.
- At the end of the 90 day period, if the therapist meets the expectations as evidenced by an increase in their dissemination and/or fidelity scores and meets the national standard, then the plan is complete and no further action is required.
- If the informal improvement plan does not result in improved adherence within three months (90 days), a formal improvement plan will be implemented.
- The State FFT Quality Assurance Administrator will provide regular updates to the Juvenile Court, JR or Children's Regional Administrator as applicable.

Formal Improvement Plan

If therapist adherence performance does not improve under the Informal Improvement Plan or if there is risk of harm to clients because of the therapist's performance, a Formal Improvement Plan will be developed.

- Formal Improvement Plans (FIP) will be specific, documented using the **FFT Formal Improvement Plan form**. The FIP includes timeframes for adherence (i.e. goals set to be reviewed every 30 days, with a formal review at 90 and 180 days). FIP's are drafted by the FFT clinical consultant in collaboration with the therapist as well as input from the FFT national Consultant and Washington State FFT Quality Assurance Administrator.
- The Washington State FFT Quality Assurance Administrator will consult with the Juvenile Court and JR/Children's Regional Administrator's for input on the FIP.
- An initial face to face meeting occurs with the FFT therapist, Washington State FFT Quality Assurance Administrator and site supervisor. The FFT clinical consultant attends, as available, in person or via phone.
- The Formal Improvement Plan can include but is not limited to:
    - Submission of audio tapes for FFT clinical consultant review
    - Additional formal training – initial three-day or two-day follow up
    - Increased review and monitoring of FFT-CSS
    - Additional consultation with FFT clinical consultant
    - Reading assignments
    - Videotape instruction
    - Increased communication with site supervisor
    - Increased reporting requirements

- The CJAA Advisory Committee and JR/Children's Regional Administrators (when applicable) will be informed of formal improvement plans by the Washington State FFT Quality Assurance Administrator.
- The Washington State FFT Quality Assurance Administrator will provide regular updates to the Juvenile Court, JR and/or Children's Regional Administrator, as applicable.
- At the end of the 180 day period, if the Therapist meets the expectations as evidenced by an increase in their dissemination and/or fidelity scores and meets the national standard, then the plan is complete and no further action is required. A face to face meeting occurs with the FFT therapist, Washington State FFT Quality Assurance Administrator and site supervisor. The FFT clinical consultant attends, as available, in person or via phone.
- The Formal Improvement Plan is signed indicating all goals have been met. In some cases if improvement occurs in 90 days, the improvement plan may be met.
- If the Formal Improvement Plan does not result in improved adherence within six months (180 days), the therapist is considered to be "not adherent" and therefore can no longer practice FFT. Steps are taken to recommend that the therapist no longer practice FFT.
- Any problems implementing the improvement plan in a juvenile court will be referred to the WAJCA Executive Board.

Therapist Removal from FFT Practice

If therapist adherence performance does not improve under the Formal Improvement Plan, the Washington State FFT Quality Assurance Administrator may recommend to the site, that the therapist be removed from active FFT practice because they are no longer qualified to perform FFT.

The Washington State CJAA Advisory Committee is informed of this recommendation and the sites' plan to comply with the recommendation.

Attachments: FFT clinical consultant QA Standards
FFT QA Measures for Therapists, Consultants, and Supervisors